

Some Observations on the Organization of Personality

By Carl R. Rogers

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Some Observations on the Organization of Personality

Carl R. Rogers (1947)

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In various fields of science rapid strides have been made when direct observation of significant processes has become possible. In medicine, when circumstances have permitted the physician to peer directly into the stomach of his patient, understanding of digestive processes has increased and the influence of emotional tension upon all aspects of that process has been more accurately observed and understood. In our work with nondirective therapy we often feel that we are having a psychological opportunity comparable to this medical experience -- an opportunity to observe directly a number of the effective processes of personality. Quite aside from any question regarding nondirective therapy as therapy, here is a precious vein of observational material of unusual value for the study of personality.

Characteristics of the Observational Material

There are several ways in which the raw clinical data to which we have had access is unique in its value for understanding personality. The fact that these verbal expressions of inner dynamics are preserved by electrical recording makes possible a detailed analysis of a sort not heretofore possible. Recording has given us a microscope by which we may examine at leisure, and in minute detail, almost every aspect of what was, in its occurrence, a fleeting moment impossible of accurate observation.

Another scientifically fortunate characteristic of this material is the fact that the verbal productions of the client are biased to a minimal degree by the therapist. Material from client-centered interviews probably comes closer to being a "pure" expression of attitudes than has yet been achieved through other means. One can read through a complete recorded case or listen to it, without finding more than a half-dozen instances in which

the therapist's views on any point are evident. One would find it impossible to form an estimate as to the therapist's views about personality dynamics. One could not determine his diagnostic views, his standards of behavior, his social class. The one value or standard held by the therapist which would exhibit itself in his tone of voice, responses, and activity, is a deep respect for the personality and attitudes of the client as a separate person. It is difficult to see how this would bias the content of the interview, except to permit deeper expression than the client would ordinarily allow himself. This almost complete lack of any distorting attitude is felt, and sometimes expressed by the client. One woman says:

It's almost impersonal. I like you -- of course I don't know why I should like you or why I shouldn't like you. It's a peculiar thing. I've never had that relationship with anybody before and I've often thought about it.... A lot of times I walk out with a feeling of elation that you think highly of me, and of course at the same time I have the feeling that "Gee, he must think I'm an awful jerk" or something like that. But it doesn't really-those feelings aren't so deep that I can form an opinion one way or the other about you.

Here it would seem that even though she would like to discover some type of evaluational attitude, she is unable to do so. Published studies and research as yet unpublished bear out this point that counselor responses which are in any way evaluational or distorting as to content are at a minimum, thus enhancing the worth of such interviews for personality study.

The counselor attitude of warmth and understanding, well described by Snyder (9) and Rogers (8), also helps to maximize the freedom of expression by the individual. The client experiences sufficient interest in him as a person, and sufficient acceptance, to enable him to talk openly, not only about surface attitudes, but increasingly about intimate attitudes and feelings hidden even from himself. Hence in these recorded interviews we have material of very considerable depth so far as personality dynamics is concerned, along with a freedom from distortion.

Finally the very nature of the interviews and the techniques by which they are handled give us a rare opportunity to see to some extent through the eyes of another person-to perceive the world as it appears to him, to achieve at least partially, the internal frame of reference of another person. We see his behavior through his eyes, and also the psychological meaning which it had for him. We see also changes in personality and behavior, and the meanings which those changes have for the individual. We are admitted freely into the backstage of the person's living where we can observe from within some of the dramas of internal change, which are often far more compelling and moving than the drama which is presented on the stage viewed by the public. Only a novelist or a poet could do justice to the deep struggles which we are permitted to observe from within the client's own world of reality.

This rare opportunity to observe so directly and so clearly the inner dynamics of personality is a learning experience of the deepest sort for the clinician. Most of clinical psychology and psychiatry involves judgments *about* the individual, judgments which must, of necessity, be based on some framework brought to the situation by the clinician. To try continually to see and think *with* the individual, as in client-centered therapy, is a mindstretching experience in which learning goes on apace because the clinician brings to the interview no pre-determined yardstick by which to judge the material.

I wish in this paper to try to bring you some of the clinical observations which we have made as we have repeatedly peered through these psychological windows into personality, and to raise with you some of the questions about the organization of personality which these observations have forced upon us. I shall not attempt to present these observations in logical order, but rather in the order in which they impressed themselves upon our notice. What I shall offer is not a series of research findings, but only the first step in that process of gradual approximation which we call science, a description of some observed phenomena which appear to be significant, and some highly tentative explanations of these phenomena.

The Relation of the Organized Perceptual Field to Behavior

One simple observation, which is repeated over and over again in each successful therapeutic case, seems to have rather deep theoretical implications. It is that as changes occur in the perception of self and in the perception of reality, changes occur in behavior. In therapy, these perceptual changes are more often concerned with the self than with the external world. Hence we find in therapy that as the perception of self alters, behavior alters. Perhaps an illustration will indicate the type of observation upon which this statement is based.

A young woman, a graduate student whom we shall call Miss Vib, came in for nine interviews. If we compare the first interview with the last, striking changes are evident. Perhaps some features of this change may be conveyed by taking from the first and last interviews all the major statements regarding self, and all the major statements regarding current behavior. In the first interview, for example, her perception of herself may be crudely indicated by taking all her own statements about herself, grouping those which seem similar, but otherwise doing a minimum of editing, and retaining so far as possible, her own words. We then come out with this as the conscious perception of self which was hers at the outset of counseling.

I feel disorganized, muddled; I've lost all direction; my personal life has disintegrated.

I sorta experience things from the forefront of my consciousness, but nothing sinks in very deep; things don't seem real to me; I feel nothing matters; I don't have any emotional response to situations; I'm worried about myself.

I haven't been acting like myself; it doesn't seem like me; I'm a different person altogether from what I used to be in the past.

I don't understand myself; I haven't known what was happening to me.

I have withdrawn from everything, and feel all right only when I'm all alone and no one can expect me to do things.

I don't care about my personal appearance.

I don't know *anything* anymore.

I feel guilty about the things I have left undone.

I don't think I could ever assume responsibility for anything.

If we attempt to evaluate this picture of self from an external frame of reference various diagnostic labels may come to mind. Trying to perceive it solely from the client's frame of reference we observe that to the young woman herself she appears disorganized, and not herself. She is perplexed and almost unacquainted with what is going on in herself. She feels unable and unwilling to function in any responsible or social way. This is at least a sampling of the way she experiences or perceives herself.

Her behavior is entirely consistent with this picture of self. If we abstract all her statements describing her behavior, in the same fashion as we abstracted her statements about self, the following pattern emerges -- a pattern which in this case was corroborated by outside observation.

I couldn't get up nerve to come in before; I haven't availed myself of help.

Everything I should do or want to do, I don't do.

I haven't kept in touch with friends; I avoid making the effort to go with them; I stopped writing letters home; I don't answer letters or telephone calls; I avoid contacts that would be professionally helpful; I didn't go home though I said I would.

I failed to hand in my work in a course though I had it all done; I didn't even buy clothing that I needed; I haven't even kept my nails manicured.

I didn't listen to material we were studying; I waste hours reading the funny papers; I can spend the whole afternoon doing absolutely nothing.

The picture of behavior is very much in keeping with the picture of self, and is summed up in the statement that "Everything I should do or want to do, I don't do." The behavior goes on, in ways that seem to the individual beyond understanding and beyond control.

If we contrast this picture of self and behavior with the picture as it exists in the ninth interview, thirty-eight days later, we find both the perception of self and the ways of behaving deeply altered. Her statements about self are as follows:

I'm feeling much better; I'm taking more interest in myself.

I do have some individuality, some interests.

I seem to be getting a newer understanding of myself. I can look at myself a little better.

I realize I'm just one person, with so much ability, but I'm not worried about it; I can accept the fact that I'm not always right.

I feel more motivation, have more of a desire to go ahead.

I still occasionally regret the past, though I feel less unhappy about it; I still have a long ways to go; I don't know whether I can keep the picture of myself I'm beginning to evolve.

I can go on learning -- in school or out.

I do feel more like a normal person now; I feel more I can handle my life myself; I think I'm at the point where I can go along on my own.

Outstanding in this perception of herself are three things -- that she knows herself, that she can view with comfort her assets and liabilities, and finally that she has drive and control of that drive.

In this ninth interview the behavioral picture is again consistent with the perception of self. It may be abstracted in these terms.

I've been making plans about school and about a job; I've been working hard on a term paper; I've been going to the library to trace down a topic of special interest and finding it exciting.

I've cleaned out my closets; washed my clothes.

I finally wrote my parents; I'm going home for the holidays.

I'm getting out and mixing with people: I am reacting sensibly to a fellow who is interested in me -- seeing both his good and bad points.

I will work toward my degree; I'll start looking for a job this week.

Her behavior, in contrast to the first interview, is now organized, forward-moving, effective, realistic and planful. It is in accord with the realistic and organized view she has achieved of her self.

It is this type of observation, in case after case, that leads us to say with some assurance that as perceptions of self and reality change, behavior changes. Likewise, in cases we might term failures, there appears to be no appreciable change in perceptual organization or in behavior.

What type of explanation might account for these concomitant changes in the perceptual field and the behavioral pattern? Let us examine some of the logical possibilities.

In the first place, it is possible that factors unrelated to therapy may have brought about the altered perception and behavior. There may have been physiological processes occurring which produced the change. There may have been alterations in the family relationships, or in the social forces, or in the educational picture or in some other area of cultural influence, which might account for the rather drastic shift in the concept of self and in the behavior.

There are difficulties in this type of explanation. Not only were there no known gross changes in the physical or cultural situation as far as Miss Vib was concerned, but the explanation gradually becomes inadequate when one tries to apply it to the many cases in which such change occurs. To postulate that some external factor brings the change and that only by chance does this period of change coincide with the period of therapy, becomes an untenable hypothesis.

Let us then look at another explanation, namely that the therapist exerted, during the nine hours of contact, a peculiarly potent cultural influence which brought about the change. Here again we are faced with several problems. It seems that nine hours scattered over five and one-half weeks is a very minute portion of time in which to bring about alteration of patterns which have been building for thirty years. We would have to postulate an influence so potent as to be classed as traumatic. This theory is particularly difficult to maintain when we find, on examining the recorded interviews, that not once in the nine hours did the therapist express any evaluation, positive or negative, of the client's initial or final perception of self, or her initial or final mode of behavior. There was not only no evaluation, but no standards expressed by which evaluation might be inferred.

There was, on the part of the therapist, evidence of warm interest in the individual, and thoroughgoing acceptance of the self and of the behavior as they existed initially, in the intermediate stages, and at the conclusion of therapy. It appears reasonable to say that the therapist established certain definite conditions of interpersonal relations, but since the very essence of this relationship is respect for the person as he is at that moment, the therapist can hardly be regarded as a cultural force making for change.

We find ourselves forced to a third type of explanation, a type of explanation which is not new to psychology, but which has had only partial acceptance. Briefly it may be put that

the observed phenomena of changes seem most adequately explained by the hypothesis that *given certain psychological conditions, the individual has the capacity to reorganize his field of perception, including the way he perceives himself, and that a concomitant or a resultant of this perceptual reorganization is an appropriate alteration of behavior.* This puts into formal and objective terminology a clinical hypothesis which experience forces upon the therapist using a client-centered approach. One is compelled through clinical observation to develop a high degree of respect for the ego-integrative forces residing within each individual. One comes to recognize that under proper conditions the self is a basic factor in the formation of personality and in the determination of behavior. Clinical experience would strongly suggest that the self is, to some extent, an architect of self, and the above hypothesis simply puts this observation into psychological terms.

In support of this hypothesis it is noted in some cases that one of the concomitants of success in therapy is the realization on the part of the client that the self has the capacity for reorganization. Thus a student says:

You know I spoke of the fact that a person's background retards one. Like the fact that my family life wasn't good for me, and my mother certainly didn't give me any of the kind of bringing up that I should have had. Well, I've been thinking that over. It's true up to a point. But when you get so that you can see the situation, then it's really up to you.

Following this statement of the relation of the self to experience many changes occurred in this young man's behavior. In this, as in other cases, it appears that when the person comes to see himself as the perceiving, organizing agent, then reorganization of perception and consequent change in patterns of reaction take place.

On the other side of the picture we have frequently observed that when the individual has been authoritatively told that he is governed by certain factors or conditions beyond his control, it makes therapy more difficult, and it is only when the individual discovers for himself that he can organize his perceptions that change is possible. In veterans who have been given their own psychiatric diagnosis, the effect is often that of making the individual feel that he is under an unalterable doom, that he is unable to control the organization of his life. When however the self sees itself as capable of reorganizing its own perceptual field, a marked change in basic confidence occurs. Miss Nam, a student, illustrates this phenomenon when she says, after having made progress in therapy:

I think I do feel better about the future, too, because it's as if I won't be acting in darkness. It's sort of, well, knowing somewhat why I act the way I do ... and at least it isn't the feeling that you're simply out of your own control and the fates are driving you to act that way. If you realize it, I think you can do something more about it.

A veteran at the conclusion of counseling puts it more briefly and more positively: "My attitude toward myself is changed now to where I feel I can do something with my self

and life." He has come to view himself as the instrument by which some reorganization can take place.

There is another clinical observation which may be cited in support of the general hypothesis that there is a close relationship between behavior and the way in which reality is viewed by the individual. It has many cases that behavior changes come about for the most part imperceptibly and almost automatically, once the perceptual reorganization has taken place. A young wife who has been reacting violently to her maid, and has been quite disorganized in her behavior as a result of this antipathy says:

After I ... discovered it was nothing more than that she resembled my mother, she didn't bother me any more. Isn't that interesting? She's still the same.

Here is a clear statement indicating that though the basic perceptions have not changed, they have been differently organized, have acquired a new meaning, and that behavior changes then occur. Similar evidence is given by a client, a trained psychologist, who after completing a brief series of client-centered interviews, writes:

Another interesting aspect of the situation was in connection with the changes in some of my attitudes. When the change occurred, it was as if earlier attitudes were wiped out as completely as if erased from a blackboard.... When a situation which would formerly have provoked a given type of response occurred, it was not as if I was tempted to act in the way I formerly had but in some way found it easier to control my behavior. Rather the new type of behavior came quite spontaneously, and it was only through a deliberate analysis that I became aware that I was acting in a new and different way.

Here again it is of interest that the imagery is put in terms of visual perception and that as attitudes are "erased from the blackboard" behavioral changes take place automatically and without conscious effort.

Thus we have observed that appropriate changes in behavior occur when the individual acquires a different view of his world of experience, including himself; that this changed perception does not need to be dependent upon a change in the "reality," but may be a product of internal reorganization; that in some instances the awareness of the capacity for reperceiving experience accompanies this process of reorganization; that the altered behavioral responses occur automatically and without conscious effort as soon as the perceptual reorganization has taken place, apparently as a result of this.

In view of these observations a second hypothesis may be stated, which is closely related to the first. It is that *behavior is not directly influenced or determined by organic or cultural factors, but primarily (and perhaps only), by the perception of these elements.* In other words the crucial element in the determination of behavior is the perceptual field of the individual. While this perceptual field is, to be sure, deeply influenced and largely

shaped by cultural and physiological forces, it is nevertheless important that it appears to be only the field as it is perceived, which exercises a specific determining influence upon behavior. This is not a new idea in psychology, but its implications have not always been fully recognized.

It might mean, first of all, that if it is the perceptual field which determines behavior, then the primary object of study for psychologists would be the person and his world *as viewed by the person himself*. It could mean that the internal frame of reference of the person might well constitute the field of psychology, an idea set forth persuasively by Snygg and Combs in a significant manuscript as yet unpublished. It might mean that the laws which govern behavior would be discovered more deeply by turning our attention to the laws which govern perception.

Now if our speculations contain a measure of truth, if the specific determinant of behavior is the perceptual field, and if the self can reorganize that perceptual field, then what are the limits of this process? Is the reorganization of perception capricious, or does it follow certain laws? Are there limits to the degree of reorganization? If so, what are they? In this connection we have observed with some care the perception of one portion of the field of experience, the portion we call the self.

The Relation of the Perception of the Self to Adjustment

Initially we were oriented by the background of both lay and psychological thinking to regard the outcome of successful therapy as the solution of problems. If a person had a marital problem, a vocational problem, a problem of educational adjustment, the obvious purpose of counseling or therapy was to solve that problem. But as we observe and study the recorded accounts of the conclusion of therapy, it is clear that the most characteristic outcome is not necessarily solution of problems, but a freedom from tension, a different feeling about, and perception of, self. Perhaps something of this outcome may be conveyed by some illustrations.

Several statements taken from the final interview with a twenty year old young woman, Miss Mir, give indications of the characteristic attitude toward self, and the sense of freedom which appears to accompany it.

I've always tried to be what the others thought I should be, but now I am wondering whether I shouldn't just see that I am what I am.

Well, I've just noticed such a difference. I find that when I feel things, even when I feel hate, I don't care. I don't mind. I feel more free somehow. I don't feel guilty about things.

You know it's suddenly as though a big cloud has been lifted off. I feel so much more content.

Note in these statements the willingness to perceive herself as she is, to accept herself "realistically," to perceive and accept her "bad" attitudes as well as "good" ones. This realism seems to be accompanied by a sense of freedom and contentment. Miss Vib, whose attitudes were quoted earlier, wrote out her own feelings about counseling some six weeks after the interviews were over, and gave the statement to her counselor. She begins:

The happiest outcome of therapy has been a new feeling about myself. As I think of it, it might be the only outcome. Certainly it is basic to all the changes in my behavior that have resulted.

In discussing her experience in therapy she states:

I was coming to see myself as a whole. I began to realize that I am one person. This was an important insight to me. I saw that the former good academic achievement, job success, ease in social situations, and the present withdrawal, dejection, apathy and failure were all adaptive behavior, performed by *me*. This meant that I had to reorganize my feelings about myself, no longer holding to the unrealistic notion that the very good adjustment was the expression of the real "me" and this neurotic behavior was not. I came to feel that I am the same person, sometimes functioning maturely, and sometimes assuming a neurotic role in the face of what I had conceived as insurmountable problems. The acceptance of myself as one person gave me strength in the process of reorganization. Now I had a substratum, a core of unity on which to work

As she continues her discussion there are such statements as:

I am getting more happiness in being myself. I approve of myself more, and I have so much less anxiety.

As in the previous example, the outstanding aspects appear to be the realization that all of her behavior "belonged" to her, that she could accept both the good and bad features about herself and that doing so gave her a release from anxiety and a feeling of solid happiness. In both instances there is only incidental reference to the serious "problems" which had been initially discussed.

Since Miss Mir is undoubtedly above average intelligence and Miss Vib is a person with some psychological training, it may appear that such results are found only with the sophisticated individual. To counteract this opinion a quotation may be given from a statement written by a veteran of limited ability and education who had just completed counseling, and was asked to write whatever reactions he had to the experience. He says:

As for the consoleing [sic] I have had I can say this, It really makes a man strip his own mind bare, and when he does he knows then what he realy [sic] is and what he can do. Or at least thinks he knows himself party well.

As for myself, I know that my ideas were a little too big for what I realy [sic] am, but now I realize one must try start out at his own level.

Now after four visits, I have a much clearer picture of myself and my future. It makes me feel a little depressed and disappointed, but on the other hand, it has taken me out of the dark, the load seems a lot lighter now, that is I can see my way now, I know what I want to do, I know about what I can do, so now that I can see my goal, I will be able to work a whole lot easyer [sic], at my own level.

Although the expression is much simpler one notes again the same two elements -- the acceptance of self as it is, and the feeling of easiness, of lightened burden, which accompanies it.

As we examine many individual case records and case recordings, it appears to be possible to bring together the findings in regard to successful therapy by stating another hypothesis in regard to that portion of the perceptual field which we call the self. It would appear that *when all of the ways in which the individual perceives himself -- all perceptions of the qualities, abilities, impulses, and attitudes of the person, and all perceptions of himself in relation to others -- are accepted into the organized conscious concept of the self, then this achievement is accompanied by feelings of comfort and freedom from tension which are experienced as psychological adjustment.*

This hypothesis would seem to account for the observed fact that the comfortable perception of self which is achieved is sometimes more positive than before, sometimes more negative. When the individual permits all his perceptions of himself to be organized into one pattern, the picture is sometimes more flattering than he has held in the past, sometimes less flattering. It is always more comfortable.

It may be pointed out also that this tentative hypothesis supplies an operational type of definition, based on the client's internal frame of reference, for such hitherto vague terms as "adjustment," "integration," and "acceptance of self." They are defined in terms of perception, in a way which it should be possible to prove or disprove. When all of the organic perceptual experiences -- the experiencing of attitudes, impulses, abilities and disabilities, the experiencing of others and of "reality" -- when all of these perceptions are freely assimilated into an organized and consistent system, available to consciousness, then psychological adjustment or integration might be said to exist. The definition of adjustment is thus made an internal affair, rather than dependent upon an external "reality."

Something of what is meant by this acceptance and assimilation of perceptions about the self may be illustrated from the case of Miss Nam, a student. Like many other clients she gives evidence of having experienced attitudes and feelings which are defensively denied because they are not consistent with the concept or picture she holds of herself. The way in which they are first fully admitted into consciousness, and then organized into a

unified system may be shown by excerpts from the recorded interviews. She has spoken of the difficulty she has had in bringing herself to write papers for her university courses.

I just thought of something else which perhaps hinders me, and that is that again it's two different feelings. When I have to sit down and do (a paper), though I have a lot of ideas, underneath I think I always have the feeling that I just can't do it.... I have this feeling of being terrifically confident that I can do something, without being willing to put the work into it. At other times I'm practically afraid of what I have to do....

Note that the conscious self has been organized as "having a lot of ideas," being "terrifically confident" but that "underneath," in other words not freely admitted into consciousness, has been the experience of feeling "I just can't do it." She continues:

I'm trying to work through this funny relationship between this terrific confidence and then this almost fear of doing anything.... and I think the kind of feeling that I can really do things is part of an illusion I have about myself of being, in my imagination, sure that it will be something good and very good and all that, but whenever I get down to the actual task of getting started, it's a terrible feeling of -- well, incapacity, that I won't get it done either the way I want to do it, or even not being sure how I want to do it.

Again the picture of herself which is present in consciousness is that of a person who is "very good," but this picture is entirely out of line with the actual organic experience in the situation.

Later in the same interview she expresses very well the fact that her perceptions are not all organized into one consistent conscious self.

I'm not sure about what kind of a person I am -- well, I realize that all of these are a part of me, but I'm not quite sure of how to make all of these things fall in line.

In the next interview we have an excellent opportunity to observe the organization of both of these conflicting perceptions into one pattern, with the resultant sense of freedom from tension which has been described above,

It's very funny, even as I sit here I realize that I have more confidence in myself, in the sense that when I used to approach new situations I would have two very funny things operating at the same time. I had a fantasy that I could do anything, which was a fantasy which covered over all these other feelings that I really couldn't do it, or couldn't do it as well as I wanted to, and it's as if now those two things have merged together, and it is more real, that a situation isn't either testing myself or proving something to myself or anyone else. It's just in terms of doing it. And 1

think I have done away both with that fantasy and that fear.... So I think I can go ahead and approach things -- well, just sensibly.

No longer is it necessary for this client to "cover over" experiences. Instead the picture of herself as very able, and the experienced feeling of complete inability, have now been brought together into one integrated pattern of self as a person with real, but imperfect abilities. Once the self is thus accepted the inner energies making for self-actualization are released and she attacks her life problems more efficiently.

Observing this type of material frequently in counseling experience would lead to a tentative hypothesis of maladjustment, which like the other hypothesis suggested, focuses on the perception of self. It might be proposed that the tensions called psychological maladjustment exist when the organized concept of self (conscious or available to conscious awareness) is not in accord with the perceptions actually experienced.

This discrepancy between the concept of self and the actual perceptions seems to be explicable only in terms of the fact that the self concept resists assimilating into itself any percept which is inconsistent with its present organization. The feeling that she may not have the ability to do a paper is inconsistent with Miss Nam's conscious picture of herself as a very able and confident person, and hence, though fleetingly perceived, is denied organization as a part of her self, until this comes about in therapy.

The Conditions of Change of Self Perception

If the way in which the self is perceived has as close and significant a relationship to behavior as has been suggested, then the manner in which this perception may be altered becomes a question of importance. If a reorganization of self-perceptions brings a change in behavior; if adjustment and maladjustment depend on the congruence between perceptions as experienced and the self as perceived, then the factors which permit a reorganization of the perception of self are significant.

Our observations of psychotherapeutic experience would seem to indicate that absence of any threat to the self-concept is an important item in the problem. Normally the self resists incorporating into itself those experiences which are inconsistent with the functioning of self. But a point overlooked by Lecky and others is that when the self is free from any threat of attack or likelihood of attack, then it is possible for the self to consider these hitherto rejected perceptions, to make new differentiations, and to reintegrate the self in such a way as to include them.

An illustration from the case of Miss Vib may serve to clarify this point. In her statement written six weeks after the conclusion of counseling Miss Vib thus describes the way in which unacceptable percepts become incorporated into the self. She writes:

In the earlier interviews I kept saying such things as, "I am not acting like myself," "I never acted this way before." What I meant was that this withdrawn, untidy, and apathetic person was not myself. Then I began to

realize that I was the same person, seriously withdrawn, etc. now, as I had been before. That did not happen until after I had talked out my self-rejection, shame, despair, and doubt, in the accepting situation of the interview. The counselor was not startled or shocked. I was telling him of all these things about myself which did not fit into my picture of a graduate student, a teacher, a sound person. He responded with complete acceptance and warm interest without heavy emotional overtones. Here was a sane, intelligent person wholeheartedly accepting this behavior that seemed so shameful to me. I can remember an organic feeling of relaxation. I did not have to keep up the struggle to cover up and hide this shameful person.

Note how clearly one can see here the whole range of denied perceptions of self, and the fact that they could be considered as a part of self only in a social situation which involved no threat to the self, in which another person, the counselor, becomes almost an alternate self and looks with understanding and acceptance upon these same perceptions. She continues:

Retrospectively, it seems to me that what I felt as "warm acceptance without emotional overtones" was what I needed to work through my difficulties.... The counselor's impersonality with interest allowed me to talk out my feelings. The clarification in the interview situation presented the attitude to me as a "ding an sich" which I could look at, manipulate, and put in place. In organizing my attitudes, I was beginning to organize me.

Here the nature of the exploration of experience, of seeing it as experience and not as a threat to self, enables the client to reorganize her perceptions of self, which as she says was also "reorganizing me."

If we attempt to describe in more conventional psychological terms the nature of the process which culminates in an altered organization and integration of self in the process of therapy it might run as follows. The individual is continually endeavoring to meet his needs by reacting to the field of experience as he perceives it, and to do that more efficiently by differentiating elements of the field and reintegrating them into new patterns. Reorganization of the field may involve the reorganization of the self as well as of other parts of the field. The self, however, resists reorganization and change. In everyday life individual adjustment by means of reorganization of the field exclusive of the self is more common and is less threatening to the individual. Consequently, the individual's first mode of adjustment is the reorganization of that part of the field which does not include the self.

Client-centered therapy is different from other life situations inasmuch as the therapist tends to remove from the individual's immediate world all those aspects of the field which the individual can reorganize except the self. The therapist, by reacting to the client's feelings and attitudes rather than to the objects of his feelings and attitudes, assists

the client in bringing from background into focus his own self, making it easier than ever before for the client to perceive and react to the self. By offering only understanding and no trace of evaluation, the therapist removes himself as an object of attitudes, becoming only an alternate expression of the client's self. The therapist by providing a consistent atmosphere of permissiveness and understanding removes whatever threat existed to prevent all perceptions of the self from emerging into figure. Hence in this situation all the ways in which the self has been experienced can be viewed openly, and organized into a complex unity.

It is then this complete absence of any factor which would attack the concept of self, and second, the assistance in focusing upon the perception of self, which seems to permit a more differentiated view of self and finally the reorganization of self.

Relationship to Current Psychological Thinking

Up to this point, these remarks have been presented as clinical observations and tentative hypotheses, quite apart from any relationship to past or present thinking in the field of psychology. This has been intentional. It is felt that it is the function of the clinician to try to observe, with an open-minded attitude, the complexity of material which comes to him, to report his observations, and in the light of this to formulate hypotheses and problems which both the clinic and the laboratory may utilize as a basis for study and research.

Yet, though these are clinical observations and hypotheses, they have, as has doubtless been recognized, a relationship to some of the currents of theoretical and laboratory thinking in psychology. Some of the observations about the self bear a relationship to the thinking of G. H. Mead ([7](#)) about the "I" and the "me." The outcome of therapy might be described in Mead's terms as the increasing awareness of the "I," and the organization of the "me's" by the "I." The importance which has been given in this paper to the self as an organizer of experience and to some extent as an architect of self, bears a relationship to the thinking of Allport ([1](#)) and others concerning the increased place which we must give to the integrative function of the ego. In the stress which has been given to the present field of experience as the determinant of behavior, the relationship to Gestalt psychology, and to the work of Lewin ([6](#)) and his students is obvious. The theories of Angyal ([2](#)) find some parallel in our observations. His view that the self represents only a small part of the biological organism which has reached symbolic elaboration, and that it often attempts the direction of the organism on the basis of unreliable and insufficient information, seems to be particularly related to the observations we have made. Lecky's posthumous book ([4](#)), small in size but large in the significance of its contribution, has brought a new light on the way in which the self operates, and the principle of consistency by which new experience is included in or excluded from the self. Much of his thinking runs parallel to our observations. Snygg and Combs ([11](#)) have recently attempted a more radical and more complete emphasis upon the internal world of perception as the basis for all psychology, a statement which has helped to formulate a theory in which our observations fit.

It is not only from the realm of theory but also from the experimental laboratory that one finds confirmation of the line of thinking which has been proposed. Tolman (12) has stressed the need of thinking as a rat if fruitful experimental work is to be done. The work of Snygg (10) indicates that rat behavior may be better predicted by inferring the rat's field of perception than by viewing him as an object. Krech (Krechovsky, 3) showed in a brilliant study some years ago that rat learning can only be understood if we realize that the rat is consistently acting upon one hypothesis after another. Leeper (5) has summarized the evidence from a number of experimental investigations, showing that animal behavior cannot be explained by simple S-R mechanisms, but only by recognizing that complex internal processes of perceptual organization intervene between the stimulus and the behavioral response. Thus there are parallel streams of clinical observation, theoretical thinking, and laboratory experiment, which all point up the fact that for an effective psychology we need a much more complete understanding of the private world of the individual, and need to learn ways of entering and studying that world from within.

Implications

It would be misleading however if I left you with the impression that the hypotheses I have formulated in this paper, or those springing from the parallel psychological studies I have mentioned, are simply extensions of the main stream of psychological thinking, additional bricks in the edifice of psychological thought. We have discovered with some surprise that our clinical observations, and the tentative hypotheses which seem to grow out of them, raise disturbing questions which appear to cast doubt on the very foundations of many of our psychological endeavors, particularly in the fields of clinical psychology and personality study. To clarify what is meant, I should like to restate in more logical order the formulations I have given, and to leave with you certain questions and problems which each one seems to raise.

If we take first the tentative proposition that the specific determinant of behavior is the perceptual field of the individual, would this not lead, if regarded as a working hypothesis, to a radically different approach in clinical psychology and personality research? It would seem to mean that instead of elaborate case histories full of information about the person as an object, we would endeavor to develop ways of seeing his situation, his past, and himself, as these objects appear to him. We would try to see with him, rather than to evaluate him. It might mean the minimizing of the elaborate psychometric procedures by which we have endeavored to measure or value the individual from our own frame of reference. It might mean the minimizing or discarding of all the vast series of labels which we have painstakingly built up over the years. Paranoid, preschizophrenic, compulsive, constricted -- terms such as these might become irrelevant because they are all based in thinking which takes an external frame of reference. They are not the ways in which the individual experiences himself. If we consistently studied each individual from the internal frame of reference of that individual, from within his own perceptual field, it seems probable that we should find generalizations which could be made, and principles which were operative, but we may be very sure that they would be of a different order from these externally based judgments *about* individuals.

Let us look at another of the suggested propositions. If we took seriously the hypothesis that integration and adjustment are internal conditions related to the degree of acceptance or nonacceptance of all perceptions, and the degree of organization of these perceptions into one consistent system, this would decidedly affect our clinical procedures. It would seem to imply the abandonment of the notion that adjustment is dependent upon the pleasantness or unpleasantness of the environment, and would demand concentration upon those processes which bring about self-integration within the person. It would mean a minimizing or an abandoning of those clinical procedures which utilize the alteration of environmental forces as a method of treatment. It would rely instead upon the fact that the person who is internally unified has the greatest likelihood of meeting environmental problems constructively, either as an individual or in cooperation with others.

If we take the remaining proposition that the self, under proper conditions, is capable of reorganizing, to some extent, its own perceptual field, and of thus altering behavior, this too seems to raise disturbing questions. Following the path of this hypothesis would appear to mean a shift in emphasis in psychology from focusing upon the fixity of personality attributes and psychological abilities, to the alterability of these same characteristics. It would concentrate attention upon process rather than upon fixed status. Whereas psychology has, in personality study, been concerned primarily with the measurement of the fixed qualities of the individual, and with his past in order to explain his present, the hypothesis here suggested would seem to concern itself much more with the personal world of the present in order to understand the future, and in predicting that future would be concerned with the principles by which personality and behavior are altered, as well as the extent to which they remain fixed.

Thus we find that a clinical approach, client-centered therapy, has led us to try to adopt the client's perceptual field as the basis for genuine understanding. In trying to enter this internal world of perception, not by introspection, but by observation and direct inference, we find ourselves in a new vantage point for understanding personality dynamics, a vantage point which opens up some disturbing vistas. We find that behavior seems to be better understood as a reaction to this reality-as-perceived. We discover that the way in which the person sees himself, and the perceptions he dares not take as belonging to himself, seem to have an important relationship to the inner peace which constitutes adjustment. We discover within the person, under certain conditions, a capacity for the restructuring and the reorganization of self, and consequently the reorganization of behavior, which has profound social implications. We see these observations, and the theoretical formulations which they inspire, as a fruitful new approach for study and research in various fields of psychology.

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